

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020316

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2737

FILED MAY 29 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 60 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Paseo Nursing Home		d. STREET ADDRESS (If outside, give location) 811 E. 39th Street	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Maude Irwin Smith			4. DATE OF DEATH Month May Day 9 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1881	9. AGE (last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10a. KIND OF BUSINESS OR INDUSTRY Wholesale Millinery			11. BIRTHPLACE (City and state or country) Elkton, Missouri		
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Dr. Millard F. True	13b. MOTHER'S MAIDEN NAME Martha A. Graff	14. NAME OF HUSBAND OR WIFE Ambrose A. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. [REDACTED]		
17. INFORMANT Address Wichita, Kansas Mrs. Nadine A. True 427 E. Lewis		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) CHRONIC MYOCARDITIS		5 years
DUE TO (c) ARTERIOSCLEROSIS		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	

21. I attended the deceased from **2-4-61** to **5-9-63** and last saw her alive on **5-9-63**
Death occurred at **11:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurencz	(Degree or title)	22b. ADDRESS 428 S. White Ave	22c. DATE SIGNED 5-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-11-63	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) Kansas City, Missouri

24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 5-10-63	26. REGISTRAR'S SIGNATURE Reith Long
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION
Frank Paul Laurencz

VS 300
Rev. 4/59
1
2 **56582**
3
4 **1**
5 **2**
6
7 **0**
8 **0**
94201
10
11
12 **86-0**
13

83

Dr. Jansen
 425 S. 26th St.
 Be 1-3319
 Monarch 11:30-3:00
 Emergency Room
 North Side

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.